

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540341

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3				1		
4			1			
5				2		
6				2		
7			1			
8				1		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
19				2		
20				2		
21				2		
22				2		
23				2		
24				1		
25				2		
26				2		
27				2		
28				2		
29				2		
30				1		
31				2		
32				2		
33				2		
34				2		
35				2		
36				2		
37				2		
38				2		
39				2		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48				2		
49				2		
50				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				2		
55			1			
56				2		
57				2		
58				2		
59				1		
60			1			
61			1			
62			1			
63				2		
64				2		
65				2		
66			1			
67			1			
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	104	←		←
TOTAL CLAIMS			106			

8-15
48x2